

C/015/0019 C/015/0019 C/015/0018 C/015/0019

1407 W. North Temple, Suite 310 Salt Lake City, UT 84116

HAND DELIVERED

August 27, 2009

Daron Haddock
Environmental Manager
Division of Oil, Gas & Mining
Utah Department of Natural Resources
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-145801

RE: Certificates of Liability Insurance, Policy No.X0720A1A09,
Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018,
Cottonwood Mine C/015/0019, Trail Mountain Mine C/015/0009
Policy Period from 8-28-2009 to 8-28-2010; Folder #2, Emery County, Utah

Dear Daron:

Enclosed are replacement liability insurance certificates for the referenced coal mine operations for the policy period of 8-28-2009 to 8-28-2010. Should you have any questions or need any additional information, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child

Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2009-03(certs).doc

cc:

C. Crane – IMC w/copy encl.

E. Snow, K. Fleck, D. Oakley - EWMC w/copy encl.

J. Rothenhoefer – LCT 1800 w/copy encl.

AUG 27 2009

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY

From: August 28, 2009

PERIOD: To: August 28, 2010

DESCRIPTION OF COVERAGE:

Claims-First-Made Excess Liability Policy covering claims for Bodily Injury. Property Damage and Personal Injury arising from the operations described

below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract: Des/Bee/Dove: C/015/0017

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

At East Rutherford, New Jersey

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DES/BEE/DOVE (Mine Name) C/015/0017 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009-- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING A	IGFN	JT.
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Mel Butts (Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadownlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

This 20

day of

2009

(Signature

Notary Public, New Jersey
My Commission Expires 7-20-14

My commission Expires:

(Date)

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

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Omaha NE 68154 USA	(402) 607 170		FORDED DT THE			NAIC#	
PHONE - (402) 697-1400 FAX INSURED	- (402) 697-1594			& Gas Ins Serv Ltd	-AEGTS	00152L	
PacifiCorp		INSURER B:	SOC LIECUITE	das Ins Serv Eta	AL013		ier
<pre>db Pacific Power, Rocky Mounta and Pacificorp Energy</pre>	in Power	INSURER C:					Holder Identifier
825 NE Multnomah, #1800 Portland OR 97232 USA		INSURER D:				 ;	ğ
		INSURER E:				<u> </u>	lder
COVERAGES			applies per t	erms and conditions	of the	policy	표
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NON OWNED AUTOS				BODILY INJURY (Per accident)			O
				PROPERTY DAMAGE (Per accident)			
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT			
ANY AUTO				OTHER THAN EA ACC AUTO ONLY:			
A EXCESS / UMBRELLA LIABILITY	X0720A1A09 \$35M	08/28/2009	08/28/2010	AGG EACH OCCURRENCE	\$35	,000,000	
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DEDUCTIBLE							
X RETENTION							
WORKERS COMPENSATION AND				WC STATU- OTH-			
EMPLOYERS' LIABILITY Y/N				TORY LIMITS ER E.L. EACH ACCIDENT			=
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE-EA EMPLOYEE			
(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-POLICY LIMIT			ď
OTHER							西北
		1					급
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/E Damage due to the use of explosive any changes or cancellation. Re: DES/BEE/DOVE: C/015/0017	KCLUSIONS ADDED BY ENDORSEMI es and subsidence is (ENT/SPECIAL PROVISIO COVERED. Insu	^{NS} rance Company	will notify the Sta	ite of U	tah of	
CERTIFICATE HOLDER	C	CANCELLATION	Ī				
State of Utah, Dept of Natur Resources, Division of Oil, 1594 W. North Temple, Ste. 1 Salt Lake City UT 84180-1203	Gas & Mining 210	DATE THEREOF, THE 145 DAYS WRITTEN NO	ISSUING INSURER WILI FICE TO THE CERTIFICA O SHALL IMPOSE NO OB	ICIES BE CANCELLED BEFORE T LENDEAVOR TO MAIL TO HOLDER NAMED TO THE LEI LIGATION OR LIABILITY SOR REPRESENTATIVES.		ION	
		AUTHORIZED REPRES	ENTATIVE	EVerber		-	
ACORD 25 (2009/01) . The	ACORD name and logo are	registered marks of		ACORD CORPORATION	N. All right	ts reserved	

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY

From: August 28, 2009

PERIOD:

To: August 28, 2010

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Deer Creek: C/015/0018

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

At East Rutherford, New Jersey

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DEER CREEK (Mine Name)

C/015/0018 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009-- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Mel Butts (Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

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Notary Public, New Jersey
My Commission Expires 7-20-14

My commission Expires:

(Date)

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	Port	land OR 97232 USA		INSURER D:					Jer J
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						PERSONAL & ADV INJ	JRY		524
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		RETENTION							
		KERS COMPENSATION AND				WC STATU- TORY LIMITS	OTH- ER		
	1	PROPRIETOR / PARTNER / EXECUTIVE				E.L. EACH ACCIDENT			
	OFFIC	ER/MEMBER EXCLUDED?				E.L. DISEASE-EA EMPL			
<u> </u>	If yes,	describe under SPECIAL PROVISIONS below				E.L. DISEASE-POLICY	LIMIT		Ē
		OTHER							Ē
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Dam any	age d char	NOFOPERATIONS/LOCATIONS/VEHICLES/EX due to the use of explosive nges or cancellation. r Creek: C/015/0018				will notify th	e State of U	tah of	
		CATE HOLDER		CANCELLATION					
	Re 15	ate of Utah, Dept of Natur sources, Division of oil, 94 W. North Temple, Ste. 1 llt Lake City UT 84180-1203	al Gas & Mining 210	SHOULD ANY OF THE A DATE THEREOF, THE II 45 DAYS WRITTEN NOT BUT FAILURE TO DO SO	BOVE DESCRIBED POL SSUING INSURER WILL FICE TO THE CERTIFICA SHALL IMPOSE NO OF	LICIES BE CANCELLED BI L ENDEAVOR TO MAIL ATE HOLDER NAMED TO BLIGATION OR LIABILITY S OR REPRESENTATIVES	THE LEFT,	ION	
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		1 ne	ACORD name and logo are	registered marks of	ACURD			•	

Hamilton, Bermuda

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(Excess Liability)

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NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY F

From: August 28, 2009 To: August 28, 2010

PERIOD: To: Au

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

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The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Cottonwood/Wilberg: C/015/0019

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DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

AEGIS INSURANCE SERVICES, INC.

Signed by Steven E. Verbeski, Agent of Record

BY:

At East Rutherford, New Jersey

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

COTTONWOOD/WILBERG (Mine Name)

C/015/0019 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number) 8/28/2009- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

(City, State, Zip Code)

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

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UNDERWRITING A	AGENT:	
	<u>Mel Butts</u> (Agent's Name)	201-508-2779 (Phone)
AEGIS Insurance (Company Agent		
1 Meadowlands P	laza	East Rutherford, NJ 07073

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

This 20th day of Dugust, 2009

(Signature)
Notes Brito

Notary Public, New Jersey
My Commission Expires 7-20-14
My commission Expires:

(Date)

(Mailing Address)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	THICALE OF LIA	MILLI I III	BUILDING	'	08/21/20	009	
PRODUCER AON Risk Services Central, Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	Inc.	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF INFO ON THE CERTIFICATE ND, EXTEND OR ALTEI E POLICIES BELOW.	HOLDER.		
PHONE - (402) 697-1400	FAX-(402) 697-1594	INSURERS AF	FORDING COVER	RAGE		NAIC#	
INSURED	1721 (402) 097-1394	INSURER A: AS	soc Electric	& Gas Ins Serv Ltd	-AEGIS	00152L	••
Pacificorp		INSURER B:					Holder Identifier
db Pacific Power, Rocky Mo and PacifiCorp Energy	ountain Power	INSURER C:					enti
825 NE Multnomah, #1800 Portland OR 97232 USA		INSURER D:					Į
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COVERAGES		INSURER E:	applies per t	erms and condition	s of the	policy	Ho
THE POLICIES OF INSURANCE LISTED BE ANY REQUIREMENT, TERM OR CONDITI PERTAIN, THE INSURANCE AFFORDED B AGGREGATE LIMITS SHOWN MAY HAVE	ON OF ANY CONTRACT OR OTHER IN A THE POLICIES DESCRIBED HEREIN	DOCUMENT WITH RES	SPECT TO WHICH TH	IS CERTIFICATE MAY BE IS	SUED OR M F SUCH POL	IAY ICIES.	
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION		MITS		
A GENERAL LIABILITY	X0720A1A09 \$35M	08/28/2009	DATE(MM/DD/YYYY) 08/28/2010	EACH OCCURRENCE	\$2	,000,000	
X COMMERCIAL GENERAL LIAN	Excess Liability			DAMAGE TO RENTED	<u> </u>		
X CLAIMS MADE OCCU	R			PREMISES (Ea occurrence) MED EXP (Any one person)			_
				PERSONAL & ADV INJURY			570035845244
				GENERAL AGGREGATE	\$2	,000,000	845
GEN'L AGGREGATE LIMIT APPLI	ES PER:			PRODUCTS - COMP/OP AGG	†		035
POLICY PRO- JECT	roc				<u> </u>		570
AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)			No:
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)			ertificate
HIRED AUTOS				BODILY INJURY			Ceri
NON OWNED AUTOS				(Per accident)			
				PROPERTY DAMAGE (Per accident)			
GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT			
ANT AUTO				OTHER THAN EA ACC	 		
A EXCESS / UMBRELLA LIABILITY	X0720A1A09 \$35M	08/28/2009	08/28/2010	AGG EACH OCCURRENCE	\$35	,000,000	
OCCUR X CLAIMS MAI	Excess Liability			AGGREGATE	\$35	,000,000	
DEDUCTIBLE							
X RETENTION					 		
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	1		
EMPLOYERS' LIABILITY	_ Y/N			E.L. EACH ACCIDENT			=
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	·			E.L. DISEASE-EA EMPLOYEE			Į
(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS be	dow			E.L. DISEASE-POLICY LIMIT			
OTHER							í
						-	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIND Damage due to the use of explany changes or cancellation. Re: Cottonwood/wilburg: C/015	osives and subsidence is	MENT/SPECIAL PROVISION COVERED. Insu	ns rance Company	will notify the St	ate of U	tah of	
CERTIFICATE HOLDER		CANCELLATION	Ī				£
State of Utah, Dept of M Resources, Division of C 1594 W. North Temple, St Salt Lake City UT 84180	Dil, Gas & Mining te. 1210	DATE THEREOF, THE I	SSUING INSURER WILL	ICIES BE CANCELLED BEFORE LENDEAVOR TO MAIL THE HOLDER NAMED TO THE LI LIGATION OR LIABILITY TO REPRESENTATIVES.		ON	
		AUTHORIZED REPRESI	ENTATIVE	Ellube	sl	•	
ACORD 25 (2009/01)	The ACORD name and logo are	registered marks of	©1988-2009 ACORD	ACORD CORPORATIO	N. All right	s reserved	
	name and togo at	Gistor ou marks or					

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY PERIOD:

From: August 28, 2009 To: August 28, 2010

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Trail Mountain Mine: C/015/0009

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

At East Putherford, New Jersey

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

TRAIL MOUNTAIN MINE (Mine Name)

C/015/0009 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Mel Butts (Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

This 1

day of

_, 2009

Signature

Notary Public, New Jersey

My Commission Expires 7-20-14

My commission Expires:

(Date)

CERTIFICATE OF LIABILITY INCIDANCE

DATE(MM/DD/YYYY)

	CERTIF	ICATE OF LIF	MILLI III	SUIMICE	'	08/21/2	.009
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		(402) 697-1594	INSURERS AFI	FORDING COVER	RAGE		NAIC#
INSURED	J2) 037-1400 FAX-	(402) 097-1394	INSURER A: AS	soc Electric &	& Gas Ins Serv	Ltd -AEGIS	00152L
	fiCorp acific Power, Rocky Mounta	in Bower	INSURER B:				
and	PacifiCorp Energy	in Power	INSURER C:				
825 Port	NE Multnomah, #Ĭ800 land OR 97232 USA		INSURER D:	· · · · · · · · · · · · · · · · · · ·			
		,	INSURER E:				
COVERA	GES		SIR	applies per t	erms and condit	ions of the	policy
ANY REC	ICIES OF INSURANCE LISTED BELOW F QUIREMENT, TERM OR CONDITION OF I, THE INSURANCE AFFORDED BY THE IATE LIMITS SHOWN MAY HAVE BEEN	ANY CONTRACT OR OTHER POLICIES DESCRIBED HEREI	DOCUMENT WITH RES IN IS SUBJECT TO ALL	PECT TO WHICH TH	IS CERTIFICATE MAY SIONS AND CONDITIO	BE ISSUED OR 1	MAY LICIES.
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE(MM/DD/YYYY)		LIMITS	
Α	GENERAL LIABILITY	X0720A1A09 \$35M	08/28/2009	08/28/2010	EACH OCCURRENCE	\$	2,000,000
	X COMMERCIAL GENERAL LIABILITY	Excess Liability			DAMAGE TO RENTED PREMISES (Ea occurrence)	,	
	CLAIMS MADE OCCUR				MED EXP (Any one person		
					PERSONAL & ADV INJUI	1.	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE		2,000,000
	POLICY PRO- LOC				PRODUCTS - COMP/OP A	.GG	
	AUTOMOBILE LIABILITY				COLUMNIES CRICKET IN	<u></u>	
	ANY AUTO				(Ea accident)		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)		
	HIRED AUTOS NON OWNED AUTOS				BODILY INJURY (Per accident)		
	NON OWNED ACTOS				PROPERTY DAMAGE (Per accident)		
	GARAGE LIABILITY				AUTO ONLY - EA ACCID	ENT	
	ANY AUTO				AUTO ONLY:	ACC AGG	
A	EXCESS / UMBRELLA LIABILITY	X0720A1A09 \$35M	08/28/2009	08/28/2010	EACH OCCURRENCE		5,000,000
	OCCUR X CLAIMS MADE	Excess Liability			AGGREGATE	\$3	5,000,000
	DEDUCTIBLE						
	RETENTION		_			отн-	
	KERS COMPENSATION AND LOYERS' LIABILITY Y/N				TORY LIMITS E.L. EACH ACCIDENT	ER	
	PROPRIETOR / PARTNER / EXECUTIVE CER/MEMBER EXCLUDED?				E.L. DISEASE-EA EMPLO	YEE	
(Man	datory in NH)				E.L. DISEASE-POLICY L		
II yes,	describe under SPECIAL PROVISIONS below OTHER						
Damage any cha	NOFOPERATIONS/LOCATIONS/VEHICLES/EZ due to the use of explosive nges or cancellation. il Mountain Mine: C/015/00(es and subsidence is	MENT/SPECIAL PROVISIO COVERED. Insu	ns rance Company	will notify the	e State of U	Jtah of
·	ICATE HOLDER		CANCELLATION	l			
S1 R6 1!	tate of Utah, Dept of Natur esources, Division of Oil, 594 W. North Temple, Ste. 1 alt Lake City UT 84180-1203	Gas & Mining 210	SHOULD ANY OF THE ADATE THEREOF, THE I	BOVE DESCRIBED POL SSUING INSURER WILL FICE TO THE CERTIFICA O SHALL IMPOSE NO OF	ICIES BE CANCELLED BE LENDEAVOR TO MAIL ATE HOLDER NAMED TO BLIGATION OR LIABILITY S OR REPRESENTATIVES.	THE LEFT,	Utah of
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